

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 658624

1. Entity Name
R & H SERVICE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 20 PM 2:38

Principal Place of Business
1005 US HWY 92 W
SUITE B
SEFFNER, FL 33584

Mailing Address
PO BOX 592
SEFFNER, FL 33583



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1876386

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMORELLIE, STEPHEN
4619 CRIMSON CT
PLANT CITY, FL 33567

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS HAFLER, EVELYN
CITY-ST-ZIP PO BOX 4487
HOMOSASSA SPRINGS, FL 34447 ☐ Delete

TITLE
NAME S
STREET ADDRESS LEWIS, KATHERINE
CITY-ST-ZIP 3821 LINDSEY ST
DOVER, FL 33527 ☐ Delete

TITLE
NAME VP
STREET ADDRESS HAFLER, ROBERT A
CITY-ST-ZIP PO BOX 4487
HOMOSASSA SPRINGS, FL 34447 ☐ Delete

TITLE
NAME PD
STREET ADDRESS AMORELLI, STEPHEN
CITY-ST-ZIP 4619 CRIMSON CT
PLANT CITY, FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500146479245
03/20/09--01021--025 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 3/23/09

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine A. Lewis
Katherine A. Lewis

3/13/09

813685-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #